

**HERNANDO COUNTY SCHOOL BOARD**  
Permission for Band Trips and Activities  
**AND**  
Medical Release Form

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Student's Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_  
Allergies to Food/Medicines: \_\_\_\_\_  
Date of Last Tetanus Shot: \_\_\_\_\_  
Medication(s) Taken: \_\_\_\_\_  
Any medical concerns: \_\_\_\_\_  
Student's Primary Insurance Co: \_\_\_\_\_ Policy # \_\_\_\_\_  
Insurance Company Address: \_\_\_\_\_

I hereby give \_\_\_\_\_ permission to participate in all Band activities and trips during the \_\_\_\_\_ academic school year.

I hereby give permission for \_\_\_\_\_ to receive all necessary medical treatment and services required for the maintenance and preservation of health. The undersigned agrees to be responsible for payment of all expenses sustained for such treatment, services, medicine, and materials rendered and supplied.

\_\_\_\_\_  
Signature of Parent/Guardian

STATE OF FLORIDA  
COUNTY OF HERNANDO

BEFORE ME, the undersigned authority, personally appeared \_\_\_\_\_, who, being first duly sworn and placed under oath, stated that he/she executed the foregoing PERMISSION FORM and MEDICAL RELEASE FORM in good faith and that the statements contained herein are true and correct to the best of his/her knowledge and belief.

WITNESS MY HAND and official seal on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Notary Public

My commission expires: \_\_\_\_\_